

**Panic Results** include test results considered life-threatening. CLIA regulations require laboratories to "immediately alert the individual or entity requesting the test and, if applicable, the individual responsible for using the test results when any test result indicates an imminently life-threatening condition." Some states classify specific communicable disease tests as critical. While not regarded as imminently life-threatening, these tests also require notification.

Client:		Facility Code:	
	atening) results for my patients to be called (selec		
NOTE: ONLY Clients cn Option 1:	oosing <b>Option 2</b> or <b>3</b> must have their Medical Dir 24 hours/day	ector sign the following statem	ient.
Option 1:	•		
Option 3:	Not at all		
Option 5.	Not at all		
Option 2 or 3 requires	a Medical Director signature below this staten	ent.	
	notified of life-threatening results by electronic		Results reporting system of
	rovide Ascend Clinical with an after-hours phone		
accept full responsibility	and hold Ascend Clinical, its directors, agents a	nd employees harmless from	any and all liability resulting
from any delays in imme	diate care that may result from my refusal to acce	ept called life-threatening resu	ts 24 hours per day."
NOTE: Medical Directo	r sign here ONLY IF you chose Option 2 or 3 ab	ove. Otherwise please sign pa	ge 2 of this form.
Medical Director	Signature:		
Print Name:	Date	::	
Normal Business Hour			
	byees whom you designate to receive panic result		-
Charge Nurse, Patient C	care Technologist, Administrative Staff, etc., and t	ne clinic's normal business ho	urs.
ATTENTION: When the	designated employee below is not immediately a	vailable, results will be provide	ed to the staff answering the
phone. It will be the resp	consibility of the staff receiving these results to no	ify the appropriate caregiver a	it your facility.
Designated Employee	)	Title	
Designated Employee		Title	
<b>Business Hours:</b>		Phone #:	
After Hours (outside no	rmal business hours)		
Patient Panic Results v	will be called to the on-call staff person listed belo	w A cell phone pager or ansv	vering service number must
oe provided so we can i	mmediately alert you about an imminently life-thr		
contact phone number to	complete this form.	J	, ,,,
Name and Title:			
Cell Phone/Pager	:		
Answering Service	:e:		

Employee panic results will only be called to a Facility Administrator, Clinical Manager or Medical Director.

**Employee Panic Results** 



Client: _	Facility Code:
_	

## **Panic and Absurd Values**

Below is a list of Ascend Clinical defined panic and absurd values. You may request certain Custom Panic values but those requests must be approved by your Medical Director and our Quality Assurance Department. **NOTE:** Tests with absurd values (\*) will not be called but will appear on your "Patient Panic and Critical Report" in LabCheck. Some states classify specific communicable disease tests as critical. While not regarded as imminently life-threatening, these tests also require notification.

Test	Absurd Low* ≤	Panic Low <u>&lt;</u>	Panic High <u>&gt;</u>	Absurd High* <u>&gt;</u>	Custom Panic Low <u>&lt;</u>	Custom Panic High <u>&gt;</u>
Aluminum (ug/L)			60			
Calcium, Total (mg/dL)	4.0*		14.1	18.0*		
Calcium, Adj. Total (mg/dL)	4.0*		14.1	18.0*		
Carbamazepine, Total (mg/L)			20.0		Not A	/ailable
Culture, Blood		Positive			Not Available	
Culture, Effluent		Positive			Not Available	
Culture, Fungal		Positive			Not Available	
Cyclosporine, as Trough (ng/mL)			600.0		Not Available	
Digoxin (ng/mL)			2.6			
Glucose (mg/dL)		39	601			
Hemoglobin (g/dL)	2.9*	6.0		20.0*		
Lithium (mEq/L)			2.0		Not A	/ailable
Phenobarbital (mg/L)			60.0		Not A	/ailable
Phenytoin (Dilantin, Free (mg/L)			3.1		Not A	/ailable
Phenytoin (Dilantin), Total (ug/mL)	2.4*		20.1			
Phosphorus (mg/dL)		0.9		25.0*		
Platelet Count (K/uL)		20	1000			
Potassium (mEq/L)	1.4*	2.4	7.1	10.1*		
Potassium, Post (mEq/L)	1.4*	2.4	5.5	10.1*		
PT INR			7.00			
Sodium (mEq/L)	79*	119	161	181*		
Theophylline (mg/L)			40.0		Not A	/ailable
Valproic Acid (mg/L)			150.0		Not A	/ailable
WBC (K/uL)		1.9	20.1			

NOTE: Italicized tests are reference send-out tests.

I have reviewed and agree to the Ascend Clinical defined panic values above.

I have reviewed and agree to the Ascend Clinical defined panic values with the exceptions noted above and/or additions noted below:

Additional Tests		Custom Panic Low ≤	Custom Panic High ≥
Authorized Signature:	Title: _		
Print Name:	Date: _		